mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	STATE C		YLAND-	CERTIFICATE OF DEATH	7
1. PLACE O		Mar		berculosis Sanatorium d Branch 23 74	
County	Carroll		COTOLE	Registration Dist. No. 74	
Village or (city Henryton,	Marylan	d.	No. (above) st,	Ward
Length of res	idence In city or town where	death occurred	O yrs. 2 mos	death occurred in a horpital or institution, give its NAME instead of street and nu	mber)
2. FULL NA	ME Ellswor	th Bayna	rd		
	nce: No. Queen A			Costs Md. Ward.	
		(Usual place	of abode)	If nonresident give city or town and S	ate
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE W100W	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept., 24, 1932 (Month) (Day)	198
5a. If married, widow HUSBAND of (or) WIFE of		Unk	1871	22. I HEREBY CERTIFY, That I attended do July, 22, 19329 to Sept., 24, 1932	
7. AGE Yes		Days	If LESS than	to have occurred on the date stated above, at 3.00 P. M.	
6.	1 1	19	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profe	ession, or particular work done, as SPINNER, BOOKKEEPER, etc.	Farmer		Pulmonary Tuberculosis	Date of onset
work wa SAW MI 10. Date deceas this occurrence year)	business in which is done, as SILK MILL, LL, BANK, etcsed last worked at pation (month and control of the co	Unknow 11. Total ti spai occur erville	me (years) nt in this pations Augustion	-	April 1932
12. BIRTHPLACE (c) (State or cou	16. 20.00				
13. NAME		Baynard			
13. NAME 14. BIRTHPLACI (State of	CCITA OL TOMB)	erville land.		Name of operation	O NO
	ME Marg E (city or town) Unkn r country) Mary	land		23. If death wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	, -, -,
17. INFORMANT	John E.O'N				
17. INFORMANT (Address) 18. BURIAL, CREMAT	Henryton,	Md.	127,105	Manner of injury	
(Address)	Henryton,		127,195°	سلغ	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephrit	เร่	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	SURBAU V. S				
Other contributory cans	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الــــــا			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Garrolluthin CORPORATE LIMITE	Registration Dist. No.
Village or City Mestmenster	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 2/ds. How long in U.S. If of foreign birth?yrsmosds.
7. b'nt	
2. FULL NAME Mary Selle	St. Ward.
(a) Residence: No. / 3 // Summuland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
emale White Widowy	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of John A Sittle Drugger	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) May 30-18-60	t last savinen alive on self 2 and 1952; death is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.3 m.
72 3 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Out of onest
SAWYER, BOOKKEEPER, etc. 2 onl	Meslewy Kumer
skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	
10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mr.A.	
13. NAME Welliams Hettibridle 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME/Pebecca Drahoff	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Rebecca Stahoff 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANDA John Jungling	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SSCAMASON OF TENOVAL P	Manage of Injury
Plate Lelver Cum om Oay Sthy 5 1933	Manner of injury Neture of Injury
When bank I	-24. Was disease of Injury in any way related to obsupation of deceased?
19. UNDERTAKER () (Not mins to	If so specify
or succe 9/3 12 Herry wind	(Signeys) M. D. M. D.
20. FILEO Registrar.	(Address) / Mestinistia Bus
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and re of importance were as follows:	elated causes Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Per itonitis	3 days ago
		NATION NATIONAL PROPERTY OF THE PROPERTY OF TH	REGE
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importa- Gastroenteritis	ance:
	3		

19. UNOERTAKER

20. FILEO DE

(Addryss)

	CERTIFICATE OF DEATH 09749
1. PLACE OF DEATH	93-0
County Larroll	Registration Dist. No.
Village or City Greenmannt (III	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred 2.0.yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjaman 7. Bo	sley.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH Suff 29 , 193 2 (Year)
6. DATE OF BIRTH (month, day, and year) Age 7. AGE Years Months Days 1 LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY, That I attended decaesed from 193, to Left 29, 193? I last saw h
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Othar Contributory Causes of Importance: 1930
14. BIRTHPLACE (city or town). Greenmanning (Stata or country)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL WAR A STATE OF THE COUNTRY 18. BURIAL, CREMATION, OR REMOVAL WAR A STATE OF THE COUNTRY	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Place & Accessmand Date et 2 1, 1932	Nature of injury 24. Was disease or injury In any way ralated to occupation of decaased?

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICAT	E OF	DEATH
----------	-------	--------	----------	------	-------

1. PLACE OF DEATH	
/ County Carroll	Registration Dist. No.
Village or City Dr. Res will	No. Opening fuld state Hospital St., Ward occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 34 yrs, 5 mos. 3	O ds. How long in U.S. if of foreign birth?
2. FULL NAME William 6. Bratzle (Bratzel	() C
(a) Residence: No. Baltimore, Maryland. (Usual place of abode)	St., Ward. Baltimone Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	DATE OF DEATH September 7th, 193 2: (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	Tuly 26 = 19/5 to Allerake 75 1932
6. DATE OF BIRTH (month, day, and year) Unknown Winknown 1864	est saw h um alive on Defterater (1932; deeth Is said
7. AGE Yaars Months Oays If LESS than to	heve occurred on the date stated above, at 5.75 Q.m.
6 At unhuman Muhamon I dey,hrs. The	ne PRINCIPAL CAUSE OF DEATH and ralated ceuses of importanca
8. Trade, profession, or particular kind of work done, as SPINNER, Bricklayer SAWYER, BOOKKEEPER, atc 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked et Information (years)	Pale of onset // Contract // C
yaar) occupation gan	ther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltmane (State or country) Many land	Mitral Regurgitation angust
2 0	1930
I I I I I I I I I I I I I I I I I I I	ame of operation Novel Oste of Oste of het test confirmed diagnosis? Physical signs of Symtoms autopsy? No
15. MAIDEN NAME Unknown 23.	If death wes due to external causes (VIOL ENCE) fill in also the following:
To. Dikting the Color of the Co	ccident, suicide, or homicida? Date of Injury 19 here did Injury occur?
17. INFORMANT Mingfield state Hospital Reards) Sp (Address) Sy kervell, manglest.	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL	anner of Injuryature of injury
19. UNDERTAKEN	Was disease or Injury in any way related to occupation of deceased? No.
20. FILED Sefet, 7, 1932 CHarry Wen Registrar.	(Signed) Lohn h. Morris M. O. (Address) (S. S. N. / Pykewilly Muss.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		93/1303	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH bluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S _ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Langth of residence in city or town where death occurred... statement PHYSICIAN RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) assified. 5a. If merried, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from BINDI (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Davs to have occurred on the date stated above, et ... 3. 9 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH or min. 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED K back 9. Industry or business in which pluods may work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decaasad lest worked at 11. Total time (years) spant in this this occupation (month and that occupation _ instructions MARGIN 12. BIRTHPLACE (city or town) (Stata ar country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) CHALLON What test confirmed diagnosis? C Was there an autopsy?_ 200 MOTHER important. at daeth wes due to external causes (VIOL ENCE) fill In also the following: in Accident, suicide, or homicide 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. 17. INFORMANT hould (Address) Manner of injury mation CAUSI Natura of injury TION 24 Was disease or injury in any way related to occupation of deceased: (Addrass) so, spacify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, \$411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

(Year)

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Arteriosclerosis	1915	Attack of epilepsy	2001 to 100	I week ago
Chronic interstitial nephritis	1921	Run over by strect car		1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
	14-			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193 7

(Year)

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Data of onset
OCT 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Run over by street car	1 week ago
RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
auses of importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	f death and related causes follows:	f death and related causes s follows: 1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

WRITE

7. S. No.

CAUSE LION

state infor-

jo should OCCUPA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Exact statement of OCCUPA.

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١.	1. PLACE OF			OF MAR	YL/	AND-	CERTIFICATE OF DEATH 097	54
							Rranch 4	
	County CE						Registration Dist. No. 74	
				Maryla		(1	No. (above) St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
					Oyrs	, . /mos	29 ds. How long in U.S. if of foreign birth?yrsmo	sds.
1	2. FULL NAN							
	(a) Residenc	e: No.O	OU N. C	arey St.				
centre	PERSON	AL AN	D STATIST	ICAL PARTI			If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State
3.	SEX		R OR RACE	5. SINGLE, MAR			21. DATE OF DEATH	
	Male	Co.	lored	or Divorce Marrie	D (write		Sept., 23, 1932 (Month) (Oay)	198 (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divo	rced					100
	(or) Wife of		Mar	y Cross			Jan., 25, 1929 ₁₉ to Sept., 23,	leceased from
6.	DATE OF BIRTH (n	nonth, day	y, and year) J	anuary,	4,	1883.	Ilest saw h 1m alive on Sept., 23, 1932	: death is said
7.	AGE Year	s	Months	Oeys		LASS than	to have occurred on the date stated above, at 7 • 40 Am. • M •	
	4	9	8	19	1 da	min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
NOI	8. Trade, profess kind of wo SAWYER.	ork done,	articular es SPINNER, PER, etc.	Waiter			Pulmonary Tuberculosis	Date of onset
OCCUPATION	9. Industry or b	usiness in		Unknov	vn			July
000	10. Date deceases	d last wor		11. Totel ti	ime (yeantin thi	urs)		1928
12	. BIRTHPLACE (city (State or count	or town).	IInknor	wn			Other Contributary Causes of importence:	
ER	13. NAME		James	Cross				
FATH	14. BIRTHPLACE ((city or to	Unknov Virgin	wn nia			Name of operation	0
2	15. MAIDEN NAM		Cerene	Willia	ms		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE ((city or to	-	vn			23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Where did injury occur?	
17.	THE CHANGE OF STREET		n E. O'A	Weill, M	1. I).	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATIO	1	//	basale Saps	1.2	6,19.32	Manner of injury	
19.	. UNOERTAKER (Address)	lange 8	w. V.	Dagm	S.	K:	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	llos
20,	FILED 9/23	/32,	pepi	ity Loca	Me	CE Registrar.	(Signed) The of Men (Address) TEnanton	Clim.D.
			(/ 16 mans	blanks are needed	11	D	A Chalacon But B and A	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1932			
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	
- Canada Cara Cara Cara Cara Cara Cara Cara C	May 1,1920	Gastroemeruts	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BUREAU V.	15.2 i		
Other centributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY

Ξ,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09756
1. PLACE OF DEATH	(97)
County Carroll	Registration Dist. No. 75
Village or City alesca	NoSt.,Ward
Length of residence in city or town where death occurred \$9 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
7/1	- I will long in 0.0.11 of foreign bitting
2. FULL NAME ELLS A DAMA	Cy
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Widowed	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of William a Sanday	1 HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 11 1 18462	I last saw h en alive on Seft 12 , 19 72; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
89 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Alause Wash SAWYER, BOOKKEEPER, etc.	arteno Sclerosis 1915
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Total time (years)	
10. Date deceased last worked at this occupation (month and 1920) spent in this year) occupation.	
7900	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	Jangue left foot 7/32
	·
13. NAME William of Maffuran 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Susan Hoffman 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Way 1 and 9	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A LONG Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL MA (Manner of injury
Place Middletanin Oate 241, 22, 1932	Nature of injury
Sandilla lix and	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER OF STATE OF STA	If so, specify
217 11 21 M. W. P. C. N.	(Signed) With Derner M. D.
20. FILED 1166 at 1, 19 3 411 10 . 17. 1/13. avanue	(Address) manchesty m.

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Other contributory causes of importance:		Other contributory caus	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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certificate.

See instructions on back of

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of OCCUPA-

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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()	9	6	0	

A.F	OF DEA		Maryla	nd Tuber	culosis Sanatorium	
County	Carro	11	Ω	olored B	ranch 23 Registration Dist. No. 74	
Village	or City H	enryton	, Md w		No. St.	- Ward
	,	1,75		6	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
		ty or town where		yrs 6 mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL		Gene va		4.	263	
(a) Res	idence: No!	simpson		loward Co		
PERC	CONIAL AN	DETATION	(Usual place		If nonresident give city or town and S	ate
3. SEX		R OR RACE	ICAL PARTI	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		lored	OR DIVORCE	(write the word)	September 1, 1932.	100
Fema le			Marrie	a	(Month) (Day)	(Year)
HUSBAND	of		ert Dors	ev	22. 8/26/32 HEREBY CERTIFY, They attended de	ceased from
					Ţ, t0, 19, t0	_, 19
6. DATE OF BI	RTH (month, da	y, and year) Au	g., 2, 1	890		death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11.20m.A. M.	
	42	1	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER-OU Sewife			sewife.			Pate of onset
kind of work done, as SPINNER-TOU SEWITE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			1932			
WOF SAV	k was done, as: V MILL, BANK,	SILK MILL,				
0 10. Date de	eceased last wo	rked at	11. Total ti			
- 1	r)	ntn and -		tin this		
12. BIRTHPLAC	E (city or town)	West F:	riendshi	p, M	Other Contributory Causes of Importance:	
	r country)		yland.			
13. NAME	rhomas	Boardle	еу .			
13. NAME	LACE (city or to	OWN)	Friends	hip	Name of operation Date of	0
(318	ite or country)	Ma:	ryland.		What test confirmed diagnosis? Was there an au'	opsy?
15. MAIDEN	NAME An	nie Bono			23. If death was due to external causes (VIOLENCE) fill in also the following:	•
	LACE (city or to	OWN)	Frien ds h	ip,	Accident, suicide, or homicide? Date of injury	, 19
≥ (Sta	te or country)		yland.	D	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	John			D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CRI			Maryland	•		
DIAL	PILATION, OF	Lefel Co	eron Vel	14.3	Manner of injury	
1	B	1+	Z C	4	Nature of injury	
19. UNDERTAKE		aslou	Lou	0	24. Was disease or injury in any way related to occupation of deceased?	WO.
(Address		019	reco	The state of the s	If so, specify	//
20. FILED 9/	1/32	19 / In	160	Redd 1	(Signed)	M.D.

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RUREAU V.S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	<u> </u>
County Carroll	Registration Dist. No. 7.5
Village or City Manchester	No. St., Ward
3 3	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME albert Sudre	er
(a) Residence: No.	St., Ward.
(Usual place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. It merried, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 64 1870	I lest sew have elive on Sent 5 1932; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, et 4 30 Pm.
62 6 29 I day,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, protession, or perticular kind of work done, as SPINNER, biga hales	Steak Strolle
S. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, ga Makes SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (nonth and year) 232 occupetion Occupetion	
12. BIRTHPLACE (city or town) Liberty town (Stete or country) Manheund	Other Cantributary Causes of importence:
# 13. NAME Cappe allidreas	
13. NAME Habre Alledreat 14. BIRTHPLACE (city or town)	Neme of operation
(Stete of country)	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT W. David Sweakner (Address) Liefletonm md.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL and Place debut flowers. Dete Legals 8, 1932	Manner ot injury
19. UNDERTAKER Total Winks Saus (Address) Manual to Sud	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED Jett. le , 1932 Mrs. W. J. S. Deruer Registrar.	(Signed) R. F. Wests M. D. (Address) Manchester Md.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car 1921 Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09759
1. PLACE OF DEATH	(34)
County Carroll	Registration Dist. No.
Village or City Sigle ma (If	No. Spring field State Hypistal - Ward death occurred in a hospital painstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredlyrs,lmos.	25 ds. How long in V. S. if of foreign birth?yrsmosds.
2. FULL NAME Trances a Eiseman	Westmenster
(a) Residence: No. Springfield State Horpital	St., Ward. Sylesselle MD If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Seplember 18 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Eiseman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May - 3, 1855	I last saw har alive on Se plender 17, 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:300 m.
77 † 15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carolina O Carta Cara Marca
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	relien Cirlenor levers they
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city of town)	Other Contributory Causes of importance: Chronica Replication and More
(State or country) Carroll Country - My-	Syphilis - When
13. NAME (I clusters Stephen) 14. BIRTHPLACE (city or town)	5 years
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) goomana	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Moler	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Woller 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
El (State or country) germany	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address) Salkerale MR-	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place to form com: most sure sept 20, 1932	Manner of injury
19. UNDERTAKER Potrancis Reesl (Address) Westminuter and	24. Was disease or Injury In any way related to occupation of deceesed?
20. FILEDSefal 19, 1932 Atlany Mill Registrar.	(Signed) M. V. viginia Beger M. D. (Address) Sylesialla MD
If more blanks are moded address State Devices	N Chalacter But But GI C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must		complete, an occupation return	must	state:
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- 8.—The trade, profession, or particular kind of work done.
- 9.--The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "ctory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cutton mill, etc.

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09760
1. PLACE OF DEATH	82-20
County Carroll	Registration Dist. No. 74
Village or City Digkesville	No. Assurabled State Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Futher B. Ford.	
	St Ward Hashington Count Mid.
(a) Residence: No. Mashington County, Md. (Usual place of abode)	St., Ward. If nonreddent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Leptember 4 4 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
11.6 7. 1	July 26 = 1915, 1915, to September 4 19 32
6. DATE OF BIRTH (month, day, and year) Wakmen Unknown 1874	Plast saw h.com alive on Deptember 4 4, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5,55 Pm.
ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Date of oncet
8. Trada, profession, or particular kind of work dona, as SPINNER, Larness maker	Ceretral arterios cterosis Punt
The state of the s	Cleral wellos curosis July 31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1,928
10 Data deceased last worked at this occupation (month and when year) 11. Total time (years) spent in this when year) occupation	
	Other Contributory Causes of Importance: Choples 4 3
12. BIRTHPLACE (city or town) - unknown (State or country) many land	
	(Anddendeath) 1932
13. NAME Unfrown 14. BIRTHPLACE (city of town) unfrown	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) maryland	What test confirmed diagnosis? Physical signs 9 Symtom. Was there an autopsy? No
15. MAIDEN NAME Malinda C. Young	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) huknow	Accident, suicide, or homicida? Date of injury, 19
(State or country) Maryland	Where did Injury occur?
17. INFORMANT Phringfield State Hospital (Records) (Address) Superville. maryland.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Downstono Mata Sefet. 1, 1937	Nature of injury
19. UNDERTAKER Www. F. Bast (Addiess) Boonsboro Md.	24. Was disease or injury In any way related to occupation of deceased? Zvo
Soletih 32 Phones House	(Signed) John h - Morris M. D.
20, FILED SALE TO 19 STEP Registrar.	(Address) (55 N) Py Resvelle, Md.
Acgustat.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephrilis Corebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		TA Y	

BINDI

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2170.07.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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of OCCUPA.

Langth of residence in city or town where death occurred	STATE OF MARYLAND-	CERTIFICATE OF DEATH 09763
Willage or City M. Langth of residence in city or town where death occurred M. J. yrs	10	92-0
Length of residence in city or town where death occurred. The second of the control of the contr	County Carroll	Registration Dist. No.
Length of residence in city or town where death occurred . T. yrs	Village or City Mt. Ciny =	
(a) Residence: No. Augusta (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR. BIYORKED Currice this word of worked on a state of the color of th	// 29	
Personal And Statistical Particulars	2. FULL NAME Nellie May Hood	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR. BUYGED (write the, word) 5. It married, widowed, or divorced (or) wife of word (or) wife of word on the date stated abyte, at 1.0 19.3 death is to have occurred on the date stated abyte, at 1.0 19.3 death is death is death is death is death abyte, at 1.0 19.3 death is death is death day occurred on the date stated abyte, at 1.0 19.3 death is death is death day occurred on the date stated abyte, at 1.0 19.3 death is death day occurred on the date stated abyte, at 1.0 19.3 death is death day occurred on the date stated abyte, at 1.0 19.3 death is death day occurred on the date stated abyte, at 1.0 19.3 death is death day occurred on the date stated abyte, at 1.0 19.3 death is death day occurred on the date stated abyte, at 1	(a) Residence: No. Paril,	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. 1! married, widowed, or divorced (write the word) 6. DATE OF BIRTH (whoth, day, and year) 7. AGE 8. Trade, profession, or particular 9. SAWYER, SOCKINE, SER RIKER, SAWYER, SOCKINE, SAWYER, SAWYER, SOCKINE, SAWYER		
OR. DIVORCED (write the word) (Monith) (Oby) (1982) 53. It married, wildowed, or divorced Hyspherometry (North, day, and year) / 1 / 9 / 11 LESS than 1 day / 13 / 13 / 14 / 9 / 193 / death is to have occurred on the date stated abyte, at 1 / 1 / 2 / 193 / death is to have occurred on the date stated abyte, at 1 / 1 / 2 / 193 / death is to have occurred on the date stated abyte, at 1 / 1 / 2 / 193 / death is to have occurred on the date stated abyte, at 1 / 1 / 2 / 193 / death is to have occurred on the date stated abyte, at 1 / 1 / 2 / 2 / 193 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /		
HEREBY CERTIFY and Latenage deceased (or) WiFE of John Mr. John Mr	OR.DIYORCED (write the word)	plefat, = 7 = ,193 2
To AGE Vears Months Days It LESS than I day hrs. or min. 8. Trade, profession, or particular in the profession of the professio	HUSBAND O DI M	22. HEREBY CERTIFY That Lattended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance with one as SPINER. SAVER, BOOKEEPER, etc. SAVER, BOOKEEPER, e	6. DATE OF BIRTH (month, day, and year) 1874-1-9	Hast saw has attive on Cept 7 1932 death is said
8. Trade, profession, or particular with of two known as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work does as SPINNER, so with the second of the	TO 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
this occupation (month end year) 12. BIRTHPLACE (city or town) 13. NAME	8. Trade, profession, or particular kind of work done, as SPINNER, House fee. SAWYER, BOOKKEEPER, etc.	Lineace Saluelos Heart 5 cm
this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) Other Coutributery Causes of importance:	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Name et operation Name et operation What test confirmed diagnosis? Westhere an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed)	O this occupation (month end spent in this	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Maiden 10. Maiden 10. Bill in also the foliowing: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	14. BIRTHPLACE (city or town)	
(Specify city or town, county and State) 17. INFORMANT About Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place M. Date Dept 9, 1952. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Was disease or injury In-any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State)		
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18. BURIAL, CREMATION, OR REMOVAL Place M. Date Dept. = 9 = 1952. 19. UNDERTAKER (Address) Manner of injury Nature of injury 24. Wes disease or injury la-any way related to occupation of deceased? (Signed) (Signed)	17. INFORMANT John H. Good.	(Specify city or town, county and State)
(Address) Warfield If so, specity (Signed)	18. BURIAL, CREMATION, OR REMOVAL	
1.11 c and hard (Signed) . M. Can Toales		
20. FILED (Address) (Address)	20. FILED Sept 8 , 1937 Alt Dely der Registrer.	(Signed) . M. Dan Tagle, M. D

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

MARGIN RESERVED FOR BINDIN

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be

V. S. No. 1 200 ż TION is very important. See instructions on back of certificate.

County Carroll Village or City Tylesialle Length of residence In city or town where death occurred 23 yrs 11 mos. 12 ds. How long in U.S. If of foreign birth? Length of residence In city or town where death occurred 23 yrs 11 mos. 12 ds. How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. Springful State Toylor State (b) State Toylor State (a) Residence: No. Springful State Toylor State (b) State Toylor State (c) State Toylor State (c) State Toylor State (c) State Toylor State (d) State Toylor State (e) State Toylor State (f) State Toylor State (g) State Toylor State (g) State Toylor State (g) State Toylor State	1. PLACE O	OF DEATH	JF WIAK	TLAND-	CERTIFICATE OF DEATH	
Village or City System 1		•			Project ration Diet No.	J.L
2. FULL NAME (a) Residence: No. Spannished State State Of Characteristics of	Village or	city Sylesial		3 yrs 11 mos	No. Springfield State Hospital St., f death occurred in a hospital of institution, give its NAME instead of gives and	number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, O'R DIVORCED (write the word) 5. If marriad, widowed, or divorced HUSBAND of (c) wifer of Colorian (c) wifer of Colorian (d) Wife of Colorian (e) Months (e) Months (f) Wife of Colorian (high of PERTH (month, day, and year) 7. ACE 7. ACE 7. ACE 8. Trade, profession, or particular kind of work done, as STRINNER, SAW MILL, BANK, etc. SAW WILL, BANK, etc. SAW WILL, BANK, etc. SAW WILL, BANK, etc. 10. Osla General last worked at which work was done, as STRINNER, SAW MILL, BANK, etc. 11. Total lime (years) Wart Report Country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MANDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Direction of the colorian or particular kind of following: Accident, suide, or homicident, or homology (State or country) 18. Direction of the colorian or particular kind of work done as STRINNER, SAW MILL, BANK etc. 19. SAW Grant as STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant and STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW Grant And STRINNER, SAW MILL, BANK, etc. 19. SAW	2. FULL NA	ME Louis	a Hoo	Hozelal	St. Ward. Sylenice m	nd -
OR DIVORCED (write the word) So. If married, widowed, or divorced HUSBAND (Month) Or WIFE of Column (Month) Fig. 1 125 15 15 16 16 16 16 16 1	PERSON	NAL AND STATIST				d State
HISBAND of Column 1 toogon - 22. I HEREBY CERTIFY. That I attended deceased from 19.25. to Sortau Lucy 19.33. death is said to have occurred on the data stated above, at 2.30.0	Junale	white	OR DIYORCE	D (write tha word)	September 13	
T. AGE Years Nonths To It LESS than Iday	HUSBAND of (or) WIFE of	Edwin J.	Hoopen	· -	22. I HEREBY CERTIFY, That I attended	d deceased from
S. Frace, profession, or particular in the device domain as SPINNER, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, BOOKEPER, etc. 1. Indicatory or business in which work was done, as SILK MILL, SANYER, bookers, and State) 1. Indicatory or business in which work was done, as SILK MILL, SANYER, bookers, and State) 1. Indicatory or business in which was due to external causes (VIOL ENCE) fill in also the following: 2. If death was due to external causes (VIOL ENCE) fill in also the following: 2. If death was due to external causes (VIOL ENCE) fill in also the following: 2. If death was due to external causes (VIOL ENCE) fill in also the following: 2. If death was due to external causes (VIOL ENCE) fill in also the following: 3. If death was due to external causes (VIOL ENCE) fill in also the following: 4. Indicatory or town, causes of importance: 2. If death was due to external causes (VIOL ENCE) fill in also the following: 3. If death was due to external causes (VIOL ENCE) fill in also the fo		76	Days	1 day,hrs.	to have occurred on the data stated above, at 2:30-Rm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
10. Oata deceased last worked at this occupation (month and year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILEBORAL (3, 19. ABRAGUAL) Registrar. 11. Total time (years) spant in this occupation Other Contributory Causes of Importance: 19. Other Contributory Causes of Importance: 19. Other Contributory Causes of Importance: 19. What test confirmed diagnosis? Was thera an aulopsy? 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. O. Registrar. (Address) M. O.	kind of SAWYER	work dona, as SPINNER, R, BOOKKEEPER, etc	Non	ı	Cerebral arterioreleronia	morethe
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNOERTAKER (Address) 20. FILEBURAL (Address) 21. BURIAL, CREMATION, OR REMOVAL (Signed) (Signed) (Signed) (Address)	0 10. Oata deceas	sad last worked at upation (month and	spai	nt in this		
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Where did Injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (2. (Address) 2 3 3 4 Colors (Address) 20. FILEBOOK (Address) 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in	当 15. MAIOEN NA	AME Caroli	re 7 -			
17. INFORMANT (Address) Suldandle Md 19. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 19. UNDERTAKEN (Address) 2 3 3 4 fellows (Address) 20. FILED Address (Signed) M. Unquite Beyon M. O. Registrar. Registrar.	16. BIRTHPLACE (city or town) (Stata or country)				Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
Manner of Injury Nature of Injury 19. UNOERTAKER 9. Milled A frame (Address) 2 3 3 4 Selfers of Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. Unquite Beyon M. O. Registrar. (Address) Sayllewill. Ml.	(Address)		Record	1.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC Pt	ACE.
19. UNOERTAKER 6. MUSE or injury In any way related to occupation of deceased? (Address) 2 3 3 4 Selferson II, If so, specify 20. FILE Of 16 1/3, 19 In Registrar. (Signed) M. Unquite Beyon M. O. (Address) Saylle sielle. M. O.	10 111:			gt. 16 1932		
Registrar. (Address) Sugleair De Ml		o. Wille	erson	n.	24. Was disease or injury in any way related to occupation of deceased?	
	20. FILED Sefat	13 13h /B	Vary		(Address) Syllaisle, Ml	M. O.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis		Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset 1 week ago	
			Attack of epilepsy		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	18.4	Luly 5,1927	Peritonitis	3 days ago	
	7 ZE61	Tri.			
Other contributory eauses of	importance: 43	\$	Other contributory causes of importance:		
Gallstones	CHAPTON	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN T RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(183)
County Larrall	Registration Dist. No.
Village or City Greenment	No. St., Ward
2 .	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Cacoli Emanes Hon	nseman
(a) Residence: Alo. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Jamie R. Houseman	22. I HEREBY CERTIFY. That I attended deceased from 19.2 1, 10. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) Od 184	I last saw h alive on & A / 1, 1952; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.3 0 Pm.
48 18 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows;
8 Trada profession or particular	accidental province 9/1/32
9. Industry or business in which work was done, as SILK MILL,	
Spent in this / 2/	
year) (114 1932) occupation 779A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	a stema of Lugs
(State or country) gem q	Shocla
13. NAME J. W. Houseman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Ellen J Kenner 16. BIRTHPLACE (city or town)	23. if death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Period	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Janual A Housenay (Address) Greenmeunt Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Demonat Date Sept 7-1932	Natura of Injury
19. UNDERTAKER Jacob Winter Sams	24. Was disease or injury in any way related to occupation of deceased?
(Address) manchester ind.	If so, specify
20. FILED Sept 3., 1932 Javis D. Leisler Registrar.	(Signed) M. D. (Address) Hompstead had
If move blank, are needed address State Periode and	N Chale Street Believe B. D. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, meanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examplo I	li li		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAUTE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3/61 2 100	3 days ago
			GENIED	
Other contributory causes of importance:		Other contributory cau	ises of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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			· · · · · · · · · · · · · · · · · · ·

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

MARGIN RESERVED FOR BINDIA

V. S. No. 1

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5	Idn	tei	•
TE PLAINLY, WITH UNFADING INK-THIS IS	a should be carefully supplied. AGE should be star	E OF DEATH in plain terms, so that it may be pro	
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	-	E	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Carroll	Registration Dist. No.
Village or City Humpstead	NoWard
(If Length of residence in cily or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
00.0110011	col Kraf
2. FULL NAME CHICE (U Schubkay	Ch Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Ne word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married widowed or divorted	22 LUCDERY CERTIES That lettered decread from
(OT) WIFE OF John Kuch,	22. THEREBY CERTIFY, That I oftended deceased from 8 th 3, 19, 3 2 to 19
6. DATE OF BIRTH (month, day, and year) Seht - 19-1854	I last saw h hurslive on 88h 8 nd 19 5 2 death is sold
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // 3 D/_m.
77 // /4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	9/1/8)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc Date deceased lest worked at this occupation (month and	angua rectoris 1 /0/02
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- this bookpetion (months and	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Many lenn	7 1 500 01000
	salvanial) of age
13. NAME Stephen Hitzelberger 14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many & Howard	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) Culturation	(Specify city or town, county and State)
17. INFORMANT 1000 Tille Varile (Address)) Lumbatead) ud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Monner of injury
Place tampation moder Sept 6, 1932	Nature of injury
19. UNDERTAKER Edw Elipton	24. Was disease er injury in any way related to occupation of deceesed?
(Address) Hampstedd, Mid	If so, specify Ron L
20. FILED Sept 5, 1932 Lions S. Leisler Registrar	(Signed) M. D. (Address) Hamplead M.
	2017 N. Charles Street Bellimore Panelston 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Posistation Disk Ma 7 7
County Mayorly A	Registration Dist, No.
Village or City / Danificlead	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Halling Ronalbal	LaMotte
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yyord)	21. DATE OF DEATH SELFT 9
Finale Musica	(Month) (Day) (Year)
a. If merried, widowed, er divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased f
tor HITE of the of J. Cornest Lamothe	Ceng 29, 1032, 10 Seft 9, 193
DATE OF BIRTH Chon Ody, and year) Cat 1-1890	Hast say 1/2 alive on Jeff 9, 1932; death is
. AGE Years / Months Days If LESS than	to have occurred on the date stated above, at
43 // 8 1deyhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A TOTAL SENTENCE CONTROL OF THE SEN	CX A
Shirt Eli, Bookheel Eli, etc.	July Untracelous XV4
9. Industry or business in which work was done, as StLK MILL,	
SAW MILL, BANK, etc	
this occupation (month end year) spent in this occupation cocupation	
12, BIRTHPLACE (city of town) Patalysas,	Other Contributory Causes of importance:
(State or country) Manueland	Surings - Muss les. 1 879.
13. NAME James Tablor	The state of the s
14. BIRTHPLACE (city or town) Pataffoco, Mid.	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME INNE M & royer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Patapselo,	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Palafracy (State or country) Manuflurd	Where did Injury occur?
7. INFORMANT Ernest La Motte.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Laufrated med	
18. BURIAL, CREMATION, OR REMOVAL Place Turory and Date Selft 11 19 3 2	Manner of injury
Place Zuroty, new Dete Dety 11, 195	Nature of injury
19. UNDERTAKER Collevard Illepton	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Junifration of pel	If so, specify
20. FILED Sept 10, 19 32 Down S. Leister	(Signed) Edgay M. Dush
Registrar.	(Address)/ Campolead, Ma.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

1	. PLA	CE OF DEA	TH	Mar	ylanc			<u>Sanator</u>	ium		
	Coun	tv Car	roll			Colored	Branch	23	Ponistrati	on Dist. No. 7	4
		ge or City He		. Mar	vland		Ata		negistiati		
					-	(16	death occurred in a	hospital or institu	tion, give its NA	ME instead of stre	St., Ward
	Lengt	h of residence in c	ity or town where	death occurr	ed	yrs. 10 mos.	ds. How	long in U.S. if o	f foreign birth?	yrs	mos. ds.
2	. FULI	L NAME	James I	Henry	Mit	hell					
	(a) F	Residence: No	Elkton	, Cec:	il Co	., Md.	St	Ward.			
phonon	(-)				al place of a				If nonresid	lent give city or to	wn and State
		RSONAL AN	D STATIST	ICAL P	ARTICL	LARS	М	EDICAL C	ERTIFICA	TE OF DEA	тн
3. S	EX	4. COLO	R OR RACE			o, WIDOWED, write the word)	21. DATE O		2022	1079	
M	ale	Col	ored.	Mar	ried	ome the word)		Septemb	(Month)	1932 (Day)	, 198
5a.	If married HUSBAI	d, widowed, or dive							(month)	(Day)	(1641)
	(or) WI	FE of Ma	rgaret	Mitc	hell		2210/1/3	HEREBY	CERTI	FY. That 1 at 9/8/32	tended deceased from
			1).	20	6 18	277	1 m		sept.	8, 1932	, 19
6. E		BIRTH (month, da Years		1	-		I last saw h	alive on	6	55 A.M	9; death is said
/. A	IGE		Months	Da		If LESS than day,hrs.	to have occurred		d above, at	m,	
		54	9	2	0	rmin.	were as follows:			auses of important	Date of onset
N	8. Trad	e, profession, or paind of work done, AWYER, BOOKKEE	articular as SPINNER,	ahor	er		Pulmona	ary Tut	perculo	0515	
Ě	d. Indu	SAWYER, BOOKKEE stry or business in	PER, etc.								Oct.,
OCCUPATION	Y W	ork was done, as S AW MILL, BANK,	SILK MILL,	MIK	ano	en.					1929
	to Deto	deceased last was	ted at		Total time	(vears)					
0	CY y	his occupation (mo	orn and	/	spent in occupati	this of Multurow	<i>U</i> .				
10			2				Other Contributor	ry Causes of impo	ortance:		
12.		ACE (city or town) or country)	Virg:	inia							
ER	13. NAM	E Her	ry Mit	chell							
FATHER	14 RIRT	HPLACE (city or to	wn Vir	rinia	Znolo	nouv	Name of operation	n	6	Da Da	
TT.		State or country)	·#11/	Tiva	rice					Va	ere an autopsy?
MOTHER	15. MAID	EN NAME I	ora Ja	ckson			23. If death was du				
110	16. BIRTI	HPLACE (city or to	wn) V	irrin	in Vi	Aussen					, 19
Σ		State or country)			'stice		Where did injury				
17	INFORMA	John	E. 0'1		. M.	D.	Specify whether in	niury occurred in	(Specify city	or town, county a HOME, or in PUB	ind State)
17.	(Addr	111	nryton		2			.,,		nome, or mirob	LIO FLAGE.
18.	BURIAL, O	REMATION, OPER	EMOVAL		1		Manner of Injury				
	Place.	Ellor	on mod	Date	Opt.	EO, 19.3.2	Nature of injury				
10	UNDERTA	VED JOSE	plo a	of	· v		24. Was disease or		av related to occ	cupation of decea	ed Mo.
19.	(Addr		rent	E	-11		If so, specify		ay related to oct	/ Coceas	• • • • • • • • • • • • • • • • • • •
-	ø	18/32	. 0	1 8	5 10	7110	(Signed)		Stille	60	Kede . M.D.
20.	FILEDX	121.00.,1	Dans	HUS I	0.007	Registrar.		ess)	1000	HELLA	low rue
	-						2411 N. Charles Stree		questing V. S. 1	Vo. 1.	+

-WRITE

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Example 1	Î	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		107.		.0000	
County Lasonel	<u> </u>		Registration Dist. No. 71		
Village or City Block Length of residence In city or town	where death occurred - vrs		St., institution, give its NAME instead of street an S. if of foreign birth?		
2. FULL NAME Full	account.	muller			
(a) Residence: No.	(Usual place of abode	St., Ward.	If nooresident give city or town a	and State	
PERSONAL AND STA	TISTICAL PARTICULA	RS MEDICA	L CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, W OR DIVORCED (write	DOWED. 21. DATE OF DEA	TH Seft = 23 = (Month) (Day)	, 1937, (Year)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HERI	EBY CERTIFY, That Lattende		
C DATE OF DIDTH ()	1932-2-73	Sept. 21	1932 to 5 = 1 2	3 , 19.3	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Moni		ESS than to have occurred on the dat	// 11/P	death is sal	
~ ~	1 day	h	DEATH and related causes of Importance	1	
8. Trade, profassion, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R. at Rome	Brussels	Data o		
9. Industry or businass in which work was done, as SILK MILL,					
10. Date deceased last worked at this occupation (month and year)	11. Total time (year spant in this occupation				
12. BIRTHPLACE (city or town) loa (State or country)	mel les	Other Contributory Causes	Other Contributory Causes of importance:		
13. NAME Trancis 7	ufeller,		9		
14. BIRTHPLACE (city or town) (State or country)	manyland.	Name of operation	Name of operation Date of Date of What test confirmed diagnosis?		
15. MAIDEN NAME Myrle	2. Bleckingh		23. If death was due to external causas (VIOLENCE) fill in also tha following:		
16. BIRTHPLACE (city of lown)	arroll les	Accident, suicide, or homici	e? Date of injury	, 19	
17. INFORMANT - Carreis (Address) P.F.D. 6 - W	muller.	Whara did Injury occur? Specify whather injury occu	(Specify city or town, county and S rred In INDUSTRY, In HOME, or In PUBLIC	tate) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	ita modest: 21	Manner of Injury			
19. UNDERTAKER Lo. M. (Addrass) Wint	Whota I	24. Was disaasa or Injury in	any way related to occupation of deceased?	200	
20. FILED Sept. 24, 19.33	E.M. Farger	(Signad) (Addrass)	Bulengelea	In el M.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis. 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1 'n TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09771
1. PLACE OF DEATH	1942
County Carroll A	Registration Dist. No. 81,
Village or City Junion Brage	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsds.
2. FULL NAME Holdman Mule	0 20
(a) Residence: No. Many ST	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) 23 (Day) 1932
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 9-23, 1932, to 9-23-1932
6. DATE OF BIRTH (month, day, and year) 7 5/1, 3-1878	I last saw h. Canalive on Q - 2-3-, 19.32; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10.30 fm.
54 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession/or perticular / kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral myury 1917
SAWYER, BOOKKEEPER, etc.	followed by marked
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work wes done, as SILK MilL, SAW MILL, BANK, etc. 10. Date deceased last worked at	elliacialion
10. Date deceased last worked at this occupetion (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) All drugen farely Ce	Other Countries of Importance.
(Stete or country)	
13. NAME Charles & Myors	
f4. BIRTHPLACE (city or town) months (State or country)	Name of operation Dete of
(State of Country) (James of Man	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Harting Hoffman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
f6. BIRTHPLACE (city or town) HT Ted Tieff Constitution (State or country)	Accident, suicide, or hemicide? Date of Injury 2004, 19.7
(State of county)	(Specify city or town, county and State)
17. INFORMANT Address) has a supers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Hory for C fell - structe on he
Place Tipl Gelfley Date Dept 26, 1922	Nature of Injury Fractione of skull
19. UNDERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED Left 1952 Eching	(Signed) I. / Legg M. [(Address) Shirts College M. [
~	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	7081 # 100	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	aan:a	3 days ago
Other contributory causes of importance:		Other contributory of	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09	772
County Canadel	Project ation Diet Ale 7/	7
VIII at 6 Grant /4 e.u.	Registration Dist. No.	7
	f death occurred in a hospital or institution, give its NAME instead of street and i	ward (ward)
Length of residence in city or the where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?m	osds.
2. FULL NAME Manglatterne	myes	
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day)	, 193 2 (Yeer)
5a. If married, widowed, or disporced		
(Or) WIFE OF Rufus myers	22. I HEREBY CERTIFY That I ettended	
PAIN 101-3	liast sew been alive on Select 21 19 3	death is said
6. DATE OF BIRTH (month, bay/and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 70 cm.	.; death is said
7 V 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trade, prefession, or particular	were as follows:	Oste of onset
Kind of work done, es SPINNER, Cousework SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL,	Cerebral fremotions	Sefr 2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked etc. 11. Total time (years) this occupation (month and companies) seem in this		1932
this occupation (month and 47. 3. 2 spent in this occupation when the spent in the		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)	***	
W 13. NAME Markingon		
E	Manual	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
15. MAIDEN NAME MUKANTUN	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
State or country)	Where did Injury occur?	, 4
17. INFORMANT Enrest mujers	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Augustar Mill		
Place Selver Mary Date Sept 5, 19 82	Manner of injury	
19. UNDERTAKER & O. F. 118 6 Soys	24. Was diseese or injury In any way related to occupetion of deceased?	no
(Address) Janey Low	if so, specify	
20. FILEO Sept 3, 18 32 Mrs. (The S. Deller Registrar.	(Signed) Tolanda, Delar	M. D.
Acgurati	(

CEDTIFICATE OF DEATH

CTATE OF MADVE AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEREAU V	9 /		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

)	infor-	state
	tem of	plnods
	Every i	IANS
	CORD.	PHYSIC
	VT RE	LY.
DIN	MANE	ACT
R BIN	A PER	ed EX
D FO	IS IS	be stat
EKVE	K-TH	plnous
KES	ING IN	AGE s
MARGIN RESERVED FOR BINDIN	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
M	итн с	ully su
	Y.Y.	e caref
	PLAD	hould-b
	VRITE	mation should
-	1	m

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

				TATE C		YLAND-	CERTIFICATE OF DEATH	23
		CE OF			Ma.		berculosis Sanatorium	
		intyC					Registration Dist. No 7.4	
	Vill	age or City	y_ H€	enryton	, Maryla	and	No. (above) st,	Ward
	Len	gth of reside	ence in ci	ty or town where	death occurred	yrs. 9 mo	f death occurred in a hospital or institution, give its NAME instead of street and num s. 29 ds. How long in U.S. if of foreign birth?	ber) ds.
				saac Ro				
	(a)	Residence	e: No.	L535 N.	Gilmor	St., Bal	to 6ta Md . Ward.	
-					(Usual place	of abode)	If nonresident give city or town and Sta	le
_					ICAL PART		MEDICAL CERTIFICATE OF DEATH	
3.	sex Mal			lored		RRIED, WIOOWED. ED (write the word)	21. DATE OF DEATH Sept., 5, 1932 (Month) (Qay)	99 (Year)
5a.	If marri	ed, widowed ANO of	d, or divo	rced				
	(Or) W	IFE of					22. I HEREBY CERTIFY, That I attended dec	eased from
	DATE OF	BIRTH (m	anth day	and war F	Teb., 2.	1910	NOV., 6, 1929, 19, to Sept., 5, 1	P19-61
	AGE	Years		Months	Days	If LESS than	to have occurred on the dete stated above, at 12.50 M. A.M.	eath is said
		22		7	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Tra	8. Trade, profession, or particular					were as follows: Pulmonary Tuberculosion	ate of onset
LON	M	SAWYER, B	rk done, BOOKKEE	es SPINNER, PER, etc.	Labore	r		
PAT	9. Industry or business in which			IInlenov	770		Sept.	
OCCO		SAW MILL, e deceased			Unknov			1929
Õ	8	this occupat	tion (mor	nth and ——	spa occ	time (years) ent in this upation		
				IIn len e		spation	Other Contributory Causes of importance:	
12.		LACE (city of the or country		Vnkno Virgi				
ER	13. NAI				am Robi	nson		
FATHER	14 DID	THPLACE (oite on to	TT 7			Name of operation.	7
F		(State or co		"" Virgi		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
ER	15. MAI	IOEN NAME	E	Mary	Gaskins	3	What test confirmed diagnosis?	psy (
MOTHER	16. BIR	THPLACE (c	city or to	wn) Unkno	wn		Accident, suicide, or homicide? Date of injury	19
Σ		(State or co		Virgi	nia		Where did injury occur?	, 20
17.	INFORM (Add	ANT	Joh Hen	n B. O'ryton.	Neill, Marylar	M. D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL,	CREMATIO	N, OR R	EMOVAL .	117	1 11	Manner of injury	
	Plec	e // 1	5 4	mo	Date	le , 1932	Nature of injury	
19.	UNOERT (Add	AKER	Colin	ast Ju	ally	toder	24. Was disease or injury in any way related to occupation of deceased?	0
20.	FILEO	9/5/3	32 ,1	9. July Der	outy Loc	Plecel Registrar.	(Signed) Thu (There (Address) Heusafon	2 M.D.
			C			address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(3 8 PA)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
13/			

B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDI

V. S. No.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH		940)
County Carroll.		Registration Dist. No. 82
Village or City 7nt airc	1 . 6	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Charles	1	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 2 8 P. 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Gonce M.	Routzahw	22. I HEREBY CERTIFY That I attended deceased from Life f 193 2 to Left f 193 2
6. DATE OF BIRTH (month, day, and year) 187	6-10-21	t last saw h alive on left 6 , 1932; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
J J /0	ormin.	wera as follows: Dote of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	uggist.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	00	angina Bectores 9/8/37
10. Data deceased last worked at this occupation (month and year)	II, Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Middle (State or country) Man	town	Other Contributory Causes of Importance:
13. NAME John Jt. Of	outzalu	
13. NAME John Tr. Of 14. BIRTHPLAGE (city or town) Wide (State or country) Wea	elethore eyland	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Curanda 7	H. Doub,	23. If death was due to external causes (VIOLENCE) filt in also tha following:
15. MAIDEN NAME Amanda 7 16. BIRTHPLACE (city or town) Midd (State or country) Ma	litown	Accident, suicide, or homicide?Date of injury, 19
17. INFORMANT Mrs. Brace 1. (Addrass) mit an	u Routzalu	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Miles Statement of find beef	to Rept. 10, 1932	Manner of injury 2444-
19. UNDERTAKER 6. M. Half	d'usd.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 9 , 1937 24	Duyden Registrar.	(Signed) Thaty Fatel M. D. (Address) Marainy My

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	93-0
County Carroll	H.
Village or City Pykesville	Registration Dist. No. No. Mongfuld State Hospital St., W (If death occurred in a hoppital or institution, give its NAME instead of street and number)
	os. 25 ds. How long in U.S. if of foreign birth?
2. FULL NAME D. Cliven Daylon	
(a) Residence: No. Frederick County Md. (Usual place of abode)	St., Ward: Frederick County, Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 23 rd , 193 ² (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY. That I attended deceased for the standar 28 = 1934, to Suptember 23 = 193
DATE OF BIRTH (month, day, and yeer) Thay 30 4 1852	Hast saw hum alive on Reptender 23 7 1932; death is
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.20 P m.
80 3 24 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows:
kind of work dona as SPINNER, Frances SAWYER, BDDKKEEPER, etc.	General arteriosclerosis sec. 2
9. Industry or business in which	/93
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased last worked at this occupation (month and 1910 spent in this year)	
1, 1	Other Contributary Causes of importance:
(State or country) Md.	Chrome My ocarditis Their
13. NAME Lolomon Saglon	- Me Me May Called Me .
	193
14. BIRTHPLACE (city or town) Lukuum (State or country) md.	Neme of operation were Date of
	What test confirmed diagnosis? Y argues & symtoms Was there an aulopsy?
15. MAIDEN NAME Harrier albaugh	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Md.	Where did injury occur? (Specify city or town, county and State)
(Address) Sypesvelle, Med.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL CELL. Soll 1 2 2	Mannar of injury
Slower var Date Sept 76,193	Nature of injury
UNDERTAKER ovell & Olbangle (Address) Libertytown ind.	24. Was disease or injury in any way related to occupation of deceased? Two
V. A. A. M. 1/ 2	(Signed) form I Morris

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

V. S. No. 1

N. B.—WRITE PLAINCH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
// 10	Designation Diet No. 77
County Land	Registration Dist. No.
Village or City New / Dampallag	Mo. (St., / W
	s. S. ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Edna L. X mh	algher
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH
Temale While Single	(Month) (Day) , 1937 2
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of	area, 22, 1932, 10, SEAL 1.3, 196
DATE OF BIRTH (month, day, and year) Alle 5 1/928	I last say h. sal elive on Salt 19, 1932; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at / O. Pm.
3 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of Division of Date of the old of the o
kind of work done, as SPINNER, Comments	Sacoma Of W. Ridney 17
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	0
10. Date deceased last worked at this occupation (month and year)	[
, job , and a second se	Other Contributory Causes of impostance:
2. BIRTHPLACE (city or town) (Stata or country) Mankland	Wodomnal Haenordings 10
13. NAME John J. Schaelle	A
//	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
110000	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
a land Waller Illand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
7. INFORMANT CAME OF COMMENT OF COMMENT	The state of the s
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place disting MO Data Septic (6, 193)	Nature of injury
19. UNDERTAKER Lacol Which Sous	24. Was disease or Injury in any way related to occupation of deceased?
(Address) manches and	If so, specify
20, FILEO Sept 14 1932 Jovins Leistes	(Signed) Edgew Mrs Drush
Registrar.	(Address) Drambslead, Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
		pasassas as a	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

1. PLACE OF DEATH

1933 (Yaar) I HEREBY CERTIFY That I attended deceesed from . 19.3.Z The PRINCIPAL CAUSE OF DEATH end related causes of importence Date of onset 1930an What test confirmed diagnosis? _____ Was there an autopsy? 23. If death was due to external causes (VIDLENCE) filt in also the following: Oate of injury (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 24. Wes disease or injury in eny way ralated to occupation of daceesad? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage OCT	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIA

FOR

MARGIN RESERVED

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH (1972)
1. PLACE OF DEATH	- FE-0
County le assott	Registration Dist. No. 72
Village or City Union Smills	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrsmos.	
2. FULL NAME William Columnal	Smyder
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 30 1903 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	
, (or) WIFE of Jarah Colmoles	22. I HEREBY CERTIFY That Lattended deceased from
S DATE OF BIRTH (mostly day and was) Classiff 2 St 1971	I last saw h Lyw aliva on All 1. 29 19.3 2 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, et. 2.104 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- A - A - A - A - A - A - A - A - A - A
SAW MILL, BANK, etc	Ko erebral apollogy lept
O Date deceased lest worked at this occupation (month and year) occupation.	7 27
Ottomber & land	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME CHARMANIAN	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of oparetion Nove Oete of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME ANALY ASSEMBLE	23. If death was due to external causes (VIDLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Propulation	Accident, suicide, or homicide?Oata of injury, [9,
X (State or country)	Where did injury occur?
17. INFORMANT CACHE CANADA SANGER	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Janey toun 40 Oats Jet 2 1932	Nature of injury O
19. UNDERTAKER	24. Wes disease or Injury In any way related to occupation of deceased?
(Address) The story mg,	if so, specify
20. FILEO Oct lot, 1934. Colores Blankers.	(Address) M.D. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 M ż should state of OCCUPA.

1. PLACE OF DEATH	——————————————————————————————————————
County learn of	Registration Dist. No. 75
Village or City Maple Grove	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Samuel B, SI	ermer
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 20 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Melvinal Stermer	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 134 1851	liast saw h. La alive on Self 20 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	arteroseleros 1920
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (morth and	
10. Date deceased last worked at this occupation (month and 1981 spent in this occupation occupation 60	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Chyonic Interstitual ngh- 1918
I 13. NAME Jacob Stermer	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Margaret Bowers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Haratio & Stermer (Address) Managhertia Mad	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Black Ruck Pate 2 1912 32	Manner of injury
19. UNDERTAKER Jacol Winks Saus	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDOLET 21, 1932 Mrs. 97.17, J. Dennes Registrar.	(Signed) WR Denne M. D. (Address) Manchester M. D.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECAMEDER	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
У			

4	PLACE OF PEATH	CERTIFICATE OF BERTH 09/81		
-	PLACE OF DEATH	(H)		
	County Carroll	Registration Dist. No.		
	Village or City/12. Westminsled (If	ND. St., War death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in city or town where death occurredyrsmos.	ds., How long in U. S. if of foreign birth?mosd		
2	FULL NAME T' lorence of ell Jon	wheins		
	(a) Residence: No.	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
3. 8	PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
Z	male White Hadowed (write the word)	(Month) (Day) (Yeer)		
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Jomh Levis Decrase	22. THEREN CERTIFY That attended deceased fro		
8 1	DATE OF BIRTH (month, day, and year) March. 17-1860	Nast saw alive on 1993 2 death is sa		
-	GE Years Months Days If LESS than	to have occurred on the date stated above, inm.		
) 2 6 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were		
z	8. Trade, profession, or particular	Date of one		
2	kind of work done, as SPINNER, Housewife	Carcinoma of		
NPA NPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	J. () 190		
OCCUPATION	10. Date deceased lest worked at this occupation (month and year)	fuer,		
	0	Other Sutributary Causes of importance:		
12.	BIRTHPLACE (city or town) (State er country)	Levers abdrums 193		
HER	13. NAME Henry Hranklin	Carcinais		
FAIH	14. BIRTHPLACE (city or town)	Name of operation		
_!	(State or country) Mid	What test confirmed diagnosis line Was there an autopsy? 4		
1 1	15. MAIDEN NAME Clementing Barnes	23. If death was due to external causes (VIOLENCE) fill in also tha following:		
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury,19		
Σ	(State or country) p Milling	Where did injury occur?		
17.	(Address) Weekminsto (nd F. F.)	Specify whether injury occurred in I DUSTRY, In HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL Gem.	Manner of injury		
	Place agricultur Date Date 1997, 199	Nature of injury		
19.	UNDERTAKER Symmetry (Address)	24. Was disease or Injury in any way related to occupation of deceased?		
20.	FILED 9/19, 19J2 Alcurorum	(Signed) M. (Address) M. (Address) M.		

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
EATH				

6.60000

	. PLACE OF	F DEATH			(3)	Ca		
	County C	arroll Md.	Tube	rculosis	Sanatorium Registration Dist. No. 74			
		ityHenryton	************	(Colored	d Branoch) St., (If death occurred in a horpital or institution, give its NAME instead of street and num	- Ward		
	Length of resid	dence in city or town where	death occurre	dQyrsQ	mosfs. How long in U.S.If of foreign birth?yrsmos	ds.		
:	2. FULL NA	ME Louise V	/alker					
	(a) Residen	ce: No. 1523	Schoo	1 St. Bal	1 to . St. Md . Ward. If nonresident give city or town and Ste	te		
	PERSON	AL AND STATIST	ICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH			
	sex 'emale	OR DIVORCED (write the word)			ED. 21. DATE OF DEATH Sept. 20, 1932. (Month) (Day)	98		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. That I attended dep Sept. 5, 1932, Sept. 20, 193			
6.	DATE OF BIRTH (month, day, and year) De	c. I5	, I907.	flast saw Pr alive on Sept. 20, 19329	eath is sald		
7. AGE Years			Day	s U LESS tha				
_	24	9	1 5	ormin.	n wore se follows:	ate of onset		
NOL		sion, or particular rork dona, as SPINNER, BOOKKEEPER, etc	Wait	ress				
OCCUPATION	mdustry or I work was	business in which done, as SILK MILL, L, BANK, etc			Pulmonary Tuberculosis			
220	10. Data daceasad last worked at this occupation (months and occupation (months and occupation occu					Jan. 932		
12. BIRTHPLACE (city or town) Columbus (State or country) Ohio					Other Contributory Causes of importance:			
ER	13. NAME	Fred		Walker				
FATHER	14. BIRTHPLACE (Stata or		Mt. V	ernon,	Namo of operation Date of What test confirmed diagnosis? Was there an au'opsy?			
HER	15. MAIDEN NAI	ME Esth	er Sh		23. If death was due to external causes (VIOLENCE) fill in also the following:	psy:-2.230		
MOTHER	16. BIRTHPLACE (Stata or		Suffo Va		Where did injury occur?	Accident, sulcide, or homicida? Data of injury, 19		
17. INFORMANT John E. O'Neill (Address) Henryton, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE			
18. BURIAL, CREMATION, OR REMOVAL Place MU. Jion Com. Date Sept 23, 1932					Manner of injury			
19. UNDERTAKER Saml II Ollase Y San (Address) 63 / J. Silin or					24. Was disaasa or Injury in any way related to occupation of deceased? No	24. Was disaasa or Injury in any way related to occupation of deceased? NO.		
20.	FILED 9/20,	132.19 John	10081	D'Mell . Registrar.		M. D.		
			blanks are ne	eded, address State Regist	sistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitiat nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 wear

	STATE O	F MARYLAND—	CERTIFICATE OF DEATH	1100
1.	PLACE OF DEATH		97)	1
	County Cathage	••••	Registration Dist. No.	40
	Village or City Ly Resse	illy 2 OH	No Selective I a Market Market and a death occurred in a hospital or institution, give its NAME instead of street and a	Ward
	Length of residence in city or town where d	leath occurredyrsmos	ds. How long in U.S. if of foreign birth?mo	sds.
2.	FULL NAME & &	lus affecto IV	amplee P	,
	(a) Residence: No. / 9 3	(Usual place of abode)	Rusts - Ward Vallecuste Mard Vallecuste Mard Vallecuste Mard Mard Vallecuste Mard Ma	State,
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	ush white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 Z (Yaar) '
be. II	f married, widowed, or divorced HUSBAND of (or) WIFE of Musbus	Wamples.	22. HEREBY CERTIFY. That I attended to	lacaasad from
6. D	ATE OF BIRTH (month, dey, and year	4.18 1856	A lest saw h_LL aliva on Sept 17 19.92	; death is said
7. AC	SE Yaars 95 Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date statad above, et	Date of onset
NO	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	none	Λ	Date of onset
OCCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc		Cerebral arterioseleises	1922
00	10. Data dacaasad last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	Other Carethalan Course of immediate	
12. E	SIRTHPLACE (city or town) Make	yland,	Other Contributory Causes of importance:	
HER	13. NAME John /	Veck		
	14. BIRTHPLACE (city or town)	uarry	Name of operation Dete of	
- 1	(State or country)		What test confirmed diagnosis? Was there an a	utopsy?
H -	15. MAIDEN NAME CLUTTINA	i Vehlselleger	23. If daeth was due to external causes (VIOLENCE) fill In elso the following	
MOTHER	16. BIRTHPLACE (city or town) Sulful (State or country)	susur.	Accidant, suicida, or homicide? Date of injury Where did injury occur?	
17. I	NFORMANT Anosfactul (Address) Su & sauce	Records.	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.8	WRIAL, CREMATION, OF BEMOVAL CLU	4-Date Sefet 19 1932	Mannar of Injury	
19. L	INDERTAKER John O. (Addrass) Ballin	Mittelelle	24. Was disaasa or injury In any way related to occupetion of deceased?	
-		× 1/ - 7/	(Signed) Meud M. Cela	

11,400

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	45)
County Carroll	Registration Dist, No.
Village or City Morth Branch	
Length of residence in city or town where death occurred 21/yrsmos.	
2. FULL NAME Margaret A. H	aboter
(a) Residence: No. U Sith Blanch	est. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DI WORCED (write the word)	21. DATE OF DEATH 22 193 2 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Source Melos Zer	22. I HEREBY CERTIFY, Thay I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Office. 16 1863	ldst saw h 1 alive on deft 1 1922, death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 P-m.
69 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and spent in this securet in t	Carcuroma NIN
Industry or business In which	1 20000
work wes done, es SILK MILL, SAW MILL, BANK, etc	
O Date deceased last worked at this occupetion (month and year) occupation occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Win. Green	
13. NAME W GIERN 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Y was there an autopsy?
15. MAIDEN NAME MATTANK Sovis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MOTALL Savis 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
S (State or country)	Where did injury occur?
17. INFORMANT Mrs. C. C. Williams (Address) Systemille Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL Date Sefet. 74, 19.3.7	Manner of injury
19. UNDERTAKER Well + Sory Due	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED Sept. V3 1932 Plany Week	(Signed) 2 Maylus M. D.
Registrat.	(Address) Klundallstown, Md

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9.—The industry or business in which the work was done.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH (1978)
1. PLACE OF DEATH	92:0
County Carroll	Registration Dist. No. 76
Village or City Jestynimster	No. St. Ward
, / (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME / apulout halls	
(a) Residence: No. Lestinius my high	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
mod the havined	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WHE of Corp.	22. I HEREBY CERTIFY, That I attended deceased from
There I hallo	april Feb. 1 1931 10 5 epf. 16 1932
6. DATE OF BIRTH (month, day, and year) 7 53 - 1864	I last saw have aliva on Sept. 15 1, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 1.10 m.
6 J 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trada, profession, or particular	Chronic Valrular Heuro Klielace Date of one ot
kind of work done, as SPINNER, Petere &	(mitul Regurestation) 20 years
9. Industry or business in which work was done, as SILK MILL,	(antie Resultation)
the state of the s	1 8
10. Date deceased last worked et this occupation wonth and 192 pear in this occupation 92	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	nne
13. NAME Songe Kusk hells	
4 14. BIRTHPLACE (city of town)	Neme of operation
(State or country) Sollings hd	What test confirmed diagnosis? Climical Was there an autopsy?
15. MAIDEN NAME talzabeth outer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country) Solling had	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Asso, Ital & Loyla	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) had	
18. BURIAL, CRÉMATION, OR REMOVAL	Menner of injury
Place Oata Oata 7, 19	Nature of injury
19. UNDERTAKER I & Jechne , there	24. Was diseasa or Injury in any way ralated to occupation of deceased?
(Address) have fate. Bollo. half	If so, specify
20, FILED 9/16 , 1932 Theroofwarf	(Signed) C. J. Sillingalla M. D.
Registrar.	(Address) Wastimustos, Mil.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones designation of the Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of OCCUPA-

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	786
	1. PLACE OF DEA				949	
	County Carro				Registration Dist. No. 70	1
	Village or City	Paneytown	1			Ward
	Length of residence in o	ity or town where de	ath occurred	(II) mosmos	f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrs,	number)
	2. FULL NAME MI					
	(a) Residence: No.				St., Ward.	
27.4	PERSONAL AN	ID STATISTIC	(Usual place		If nonresident give city or town an	d State
3.		AN ANSWERS		RIED, WIDOWED.	21. DATE OF DEATH	
	F	W		(write the word)	(Month) (Day)	. 193 <u>2</u> (Year)
5a	HUSBAND of (or) WIFE of Reuk		hide		22. I HEREBY CERTIFY. That, I attended	
-10	(or) WIFE of RCUI	OTI WOMITT	r ii t de		aun 2314 1932 10 Seft /21	1982
6.	DATE OF BIRTH (month, da	y, and year) Aug	22,186	6	I last sow has alive on Salf / OR 19 8	death is said
7.	AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:40 m.	
	66	0	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:	Data of onset
ALION	8. Trade, profession, or p kind of work done SAWYER, BODKKE	as SPINNER.	useworl	Z	and a Pectors	au4231
UPAI	9. Industry or business in work was dona, as SAW MILL, BANK,	n which SILK MILL,			1007	1982
000	10. Date decaased last wo this occupation (mo yaar)	rked at nth and	11. Total ti spen	me (years) It in this		
12	BIRTHPLACE (city or town)				Dther Contributory Causes of Importanca:	
_	(State or country)		TAT	d.		
Į.	13. NAME Jonas	Harner				
LA	14. BIRTHPLACE (city or to (State or country)	wn)Md	l		Name of oparation	
7	15. MAIDEN NAMEEmi	ly J.Sla	genhau	ot	What test confirmed diagnosis? Was thara an 23. If daath was due to external causes (VIOLENCE) fill in also the followin	
	16. BIRTHPLACE (city or to			Md.	Accidant, suicida, or homicida? Data of injury	-
17	. INFORMANT Reuban (Address)	A, Wilhi	de ytown,	áà.	Whara did Injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
18	BURIAL, CREMATION, DR P	REMOVAL Taneyto	wa Sej	ot.14,193	2Manner of injury	
19	UNDERTAKER C.O.F.	USSXSON Tane	ytown,1	Id.	24. Was diseasa or injury In any way related to occupation of daceased?	nv
20.	FILED LEAT. 13	1932 Mary	B. Wie	H	(Signed) C/VI Benner	M. D.

If more blanks age needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

(Address) _________

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

6.5	6	- 4,	1	listing
U	U	8	Ü	é

1. PLACE O	F DEATH			(3)		
County	County Carroll			Registration Dist. No. 74		
Village or	City Sykes	ville, M	(lf	No. Springfield State Hosp St., death occurred in a horpital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?		
	The state of the s					
	ME John Ence: No. Woodb		(Fabula)	St., Ward. If nonresident give city or town and State		
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	-	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED. (write the word) ried	21. DATE OF DEATH September 9 ,193 (Month) (Day) (Ya	2 (ar)	
5a. If marriad, wido HUSBAND of (or) WIFE of	wad, or divorced Alice Bair			22. I HEREBY CERTIFY. That I attended decease Aug. 20, 1932, to Sept. 9, 1932 death	d from 32	
7. AGE Ye	(month, day, and year) ars Months	January Days 18	22, 1884 If LESS than I day, hrs. or min.	to have occurred on the data stated above, at 8:35Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	is said	
Industry or work wo	business in which as done, as SILK MILL, ILL, BANK, atc sad last worked at	Farmer 11. Total ti	me (years) it in this 34 yr	Chronic Parenchymatous Nephritis Over 20	O day	
12. BIRTHPLACE (c	city of town) Carr			Other Contributory Causes of importance: Cerebral Arteriosclerosis U:	nk.	
™ 13. NAME	William W.	Wills				
(State o	E (city or town)Ge	rmany		Name of operation Date of Was there an aulopsy?		
	E (city or town)	ca Hintz ermany	man	23. If daath was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT (Address)	Hospital R	ecords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
ha	TION, OR REMOVAL	et pate Sept	1/2 = 1932	Manner of injury		
19. UNDERTAKER	6. In. Ming	reta mi	d	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Seft	1.10,193700	Harry &	Registrar.	(Signed) John L. Wilhered Ma	D.	

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Example 1	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		UAVI-10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—1 TION is very important. See instructions on back of certificate.

STAT	E OF	MAR	YLAND-	CERTIFICATE OF DEATH	199
1. PLACE OF DEATH	Md.	Tuber	culosis S	Sanatorium, 23	
County_Carroll				red Branch) Registration Dist. No. 74	
Village or City Henry	ton			NoSt.,	War
Length of residence in city or town	where deat	h occurred	O yrs I mos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number)
2. FULL NAME Willia			313	Tion long in 0.5.11 of total and the contract of the contract	080
(a) Residence: No. 1628			Relto	Mda w	
(a) Residence. No. 1020	DI do	(Usual place		MCSh, Ward. If nonresident give city or town and	State
PERSONAL AND STA	TISTICA	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored		SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 24, 1932.	., 198 (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended Aug. I2, I932 19 Sept. 24, I	
6. DATE OF BIRTH (month, day, and year	June	9 I4,	I900	Hast saw h 1m alive oSept. 24, 1932	.: daath Is sai
7. AGE Years Mor		Days	If LESS than	to have occurred on the date stated above, at 9.20PM.	,
32 3		IO	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.
8. Trade, profession, or particular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	ER,]	Labore	r		Date of onset
kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (MINL) back		Garag	e	Pulmonary Tuberculosis	1932.
10. Date deceased last worked at this occupation (mp) the land year)	wn	II. Total ti Unkan	ma (yaars) Linthis pation		
12. BIRTHPLACE (city or town)(State or country)		polis yland		Other Coatributory Causes of importance:	
™ 13. NAME Wi	lliar	n I. W:	right		
13. NAME W1 14. BIRTHPLACE (city or town) (State or country)		. Co.,		Name of operation Date of)
置 15. MAIDEN NAME Id	a Jol	nnson		What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME TO 16. BIRTHPLACE (city or town) (State or country)		A. Co arylan		Accident, sulcide, or homicide? Data of injury	
17. INFORMANT		o'Neil		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place M Calviny (S	rT.	Date 9 1 2	8, ,1932.	Manner of injury	
19. UNDERTAKER & H	3 P	arkr	81		10.
20. FILED 9/24/32 19	Dep.	Local	More Mid	(Signed) (Address) Henryton, Md.	ee m. i

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Dattimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļi.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1001		•	
- Co - Co d30	4		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1.4	1		

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	info	Sta	UP,	
1	jo	plu	200	
1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ry i	SZ	nt	1
	Eve	CIA	eme	1
	ED.	SIC	state	-
	COF	PHY	et :	
	RE		Exa	
	INT	LY	d.	
	Z	CI	sifie	
S	SMA	XA	class	
BI	PEF	国	ly o	ate
OR	4	ited	per	tific
F	SIS	sta	pr	COL
ED	HIS	be	be.	30
RV	T-T	plno	may	Joech
SE	NK	sh	it	un
RE	5	GE	that	ne
Z	DIN	-4	So	intie
RG.	FA	lied	ms,	Str
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MARGIN RESERVED FOR BINDI	LY.	car	TH	hort
1	VIN	1 be)EA	1 1
1	PL	oule	FI	TION is very important See instructions on back of certificate
	TE	n sh	EC	200
	VRI	tion	SOL	NO
10.1	-	ma	C	TTT
Z	M		1-	-

1. PLACE OF DEATH	GERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 75
Village or City M. marchester	
vinage or city 100. It describes and	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long is U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coli o Gingle	ing
(a) Residence: No.	St. Ward.
(Undiplace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OF RACP 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White History	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22.
(or) WIFE of Commo J. Vingling	22. I HEREBY CERTIFY Thet, I attended deceased from
6. DATE OF BIRTH (month, day, end year) 5/6/1864	Hast saw h tate alive on Self 5 , 1932; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at 12.36 Pm.
68 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
R Trade profession or portioniar	Juana Pectoris 11/1/82
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month end	
SAW MILL, BANK, etc	
this occupetion (month end spent in this occupetion war)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ceresia selezous
13. NAME Jewy Junguin 14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diegnosis? Was there an autopsy? 74
15. MAIDEN NAME WINGSTON SELECT	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
X (State er country)	Where did injury occur?
17. INFORMANT (Address) Manual Lea And	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece Ilisters Dete 1/18 1932	Neture of Injury
19. UNDERTAKER A TORINGEN	24. Was disease or injury in eny way releted to occupation of decessed?
20. FILED Sept 17, 19.32 Mrs ARS. Securer.	(Signed) Whatehold M. D. (Address) manafeste M. D.

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